EXHIBIT 3

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
BALTIMORE FIELD OFFICE
10 South Howard Street, 3RD Floor
Baltimore, MD

_____)		
Walter Flournoy,)		
on behalf of himself)		
and all other persons similarly situated,)		
)		
Class Agent,)	**Agency No. NCN-92-GSFC-F064**	
)		
v.)	**EEOC No. 120-A2-1267**	
)		
Sean O'Keefe, Administrator)		
National Aeronautics and)		
Space Administration,)		
)		
Agency.)		
_____)		

RELEASE OF CLAIMS AGAINST NASA GODDARD SETTLEMENT
FUND AND ADMINSTRATORS OF THE FUND

This Release of Claims against the NASA Goddard Settlement Fund and the

Administrators of the Fund is made and executed by the undersigned Class Member:

Recitals:

1.   I am one of the Class Members as defined in the Settlement Agreement

(the "Agreement") in the above-captioned class action complaint.

2.   I wish to receive an award from the Settlement Fund (the "Fund") created

pursuant to the Agreement, and I have been informed that I will receive an award from

the Fund if I sign and return to the Administrators of the Fund this Release and certain other documents.

3.   I understand that I may be entitled to a fixed amount payment from the Fund. I also understand that the payment of the employee portion of all taxes on such payment is my sole responsibility.

NOW, THEREFORE, in consideration of the benefits to be provided to me under the Agreement, the receipt and sufficiency of which I acknowledge, I agree as follows:

On receipt of payment from the Fund, I, for myself, my heirs, executors, administrators and assigns, unconditionally, irrevocably, fully and finally release and forever discharge the Fund, the Administrators, and the Trustees from all liabilities and claims.

I KNOW AND FULLY UNDERSTAND THE CONTENTS OF THIS RELEASE AND EXECUTE IT FREELY, BEING FULLY AWARE OF ITS FULL AND FINAL EFFECT.

On penalty of perjury pursuant to 28 U.S.C. § 1746, I state that I am the person identified in the Release, that all of the factual statements herein are true and correct, and that my signature signifies acceptance of all terms of this Release.

Date: _____

_____
Class Member's Signature

_____
Class Member's Typed or Printed Name

_____
Class Member's Social Security Number